Name of Agency: _____

Contact Person: _____   Phone: _____

Timeframe:

_____ October 1st to December 31st, 20__	Due: January 15th
_____ January 1st to March 31st, 20__	Due: April 15th
_____ April 1st to June 30th, 20__	Due: July 15th
_____ July 1st to September 31st, 20__	Due: October 15th

SUBMIT to the NDVSAC

Subgrantees should report all domestic violence services provided by a FVPSA-funded organization. Even if a program only uses FVPSA funding for part of its work, it should report all of its total domestic violence service numbers.

For example, if a domestic violence program receives a FVPSA subgrant for residential services, that program should still report non-residential services and community outreach. This should be easier for programs; rather than having to keep track of FVPSA-funded services separately, the program can simply report total service numbers.

The only exception is batterers' intervention programs (BIP). Programs should not report BIP statistics unless they used FVPSA funds specifically to support the BIPs.

FVSP Table of Activity Results

Section A—People Served (Unduplicated)
Indicate the number of all clients served by gender, ethnicity, and age.
Do not include clients served *only* in Batterers Intervention Services; count them in Section E.

	Residential	Women	Men	Children	Youth IPV Victim			
FV-A-100	Unduplicated Count of Clients Served							
	Non-Residential	**Women**	**Men**	**Children**	**Youth IPV Victim**			
FV-A-200	Unduplicated Count of Clients Served							
	Race	**Black or African American**	**American Indian/ Alaska Native**	**Asian**	**Hispanic or Latino**	**Native Hawaiian/ Other Pacific Islander**	**White**	**Unknown/ Other**
FV-A-300	Clients							
	Gender	**Female**	**Male**	**Not Specified**				
FV-A-400	Clients							
	Age	*0-17*	*18-24*	*25-49*	*50-59*	*60+*	**Unknown**	
FV-A-500	Clients							

Section B—Residential Services
Indicate the number of shelter nights for each person that arrives and is provided a shelter bed.
Count the # of people housed X the number of nights.

FV-B-100	Shelter Nights		
FV-B-200	Unmet Requests for Shelter		

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FVSP Table of Activity Results

Section C—Related Services and Assistance for Adults
Indicate the number of service contacts and/or hours provided regardless of length. For states using time increments, report total hours in "Number of Hours" column provided.

	Crisis/Hotline Calls	**Total Calls**	
FV-C-100	Crisis/Hotline Calls		

	Supportive Counseling & Advocacy	**Number of Service Contacts**	**Number of Hours**
FV-C-200	Individual Supportive Counseling & Advocacy		
FV-C-201	Group Supportive Counseling & Advocacy		

Section D—Related Services and Assistance for Children
Indicate the number of service contacts and/or hours provided regardless of length. For states using time increments, report total hours in "Number of Hours" column provided.

	Supportive Counseling & Advocacy	**Number of Hours**	**Number of Service Contacts**
FV-D-100	Individual		
FV-D-101	Group		
	Activities for Children & Youth	**Number of Hours**	**Number of Service Contacts**
FV-D-200	Individual Activities		
FV-D-201	Group Activities		

Section E—Batterer Intervention Services
Indicate the number of service contacts and/or hours provided. Report only if these services are funded by FVPSA.

	Intervention/Counseling Services	**Number of Clients**	**Number of Service Contacts**	**Number of Hours**	
FV-E-100	Individual Counseling				
FV-E-101	Group Counseling				

Section F—Community Education and Public Awareness
Indicate the total number of training and community education presentations. Indicate the total number of individuals attending.

	Community Education	**Number of Presentations**	**Number of Participants**	
FV-F-100	Adults/General Population			
FV-F-101	Youth Targeted			
	Community Awareness Activities	**Number of Activities**		
FV-F-200	Awareness Activities			

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FVSP Table of Activity Results

	Survey Type	Number of Surveys Competed	Number of Yes Responses to Resource Outcome	Number of Yes Responses to Safety Outcome	
Section G—Service Outcome DATA For each program area from which you collected outcome data, indicate how many surveys were completed and how many YES responses you received to each of the outcome questions (resources and safety).					
FV-G-101	Shelter Survey				
FV-G-102	Support Services and Advocacy Survey				
FV-G-103	Counseling Survey				
FV-G-104	Support Group Survey				
FV-G-105	TOTAL				

Number of Shelter Facilities	
Number of Non-Residential Service Sites (office locations)	
Number of Volunteers	
Number of Volunteer Hours	

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